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21839 BUCHANAN, POST OFFICE I ALEXANDRIA		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			Γ				(Depositor's name)
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APPLICATION NO.	FILING DATE	FILING DATE		DR ·	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/563,792	05/07/2007		Lionel Ventelon	1022702		0301	5332
TITLE OF INVENTION	: METHOD FOR PREP	ARING ANISOTROPIC	SILICA AGGREGATE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$	31810	01/05/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
EGWIM, KELECHI CHIDI  1. Change of correspondence address or indication		1796	524-492000  2. For printing on the				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 BUCHANAN INGERSOLL  2 & ROONEY PC				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE		(B) RESIDENCE: (CI	patent. If an assign in assignment. FY and STATE OR (		_	cument has been filed for
RHODIA C.N.R.	A CHIMIE		AUBERVILLIERS, FRANCE and PARIS, FRANCE				
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4a. The following fee(s) are submitted:  4  Substitute Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
	itus (from status indicate ns SMALL ENTRY state		☐ b. Applicant is no l	onger claiming SMA	LL ENTITY statu	ıs. See 37 CFI	R 1.27(g)(2).
NOTE: The Issue Fee ar		uired) will not be accept	ed from anyone other thatk Office.	n the applicant; a reg	istered attorney or	r agent; or the	assignee or other party in
Authorized Signature			DateDecember 29, 2010				
Typed or printed nam	ne <u>NORMAN</u> H	STEPNO	······································	Registration 1	No. <u>2271</u>	6	
submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this bu Virginia 22313-1450. DO 313-1450.	e USPTO. Time will var irden, should be sent to t O NOT SEND FEES OR	ion is required to obtain of 1.14. This collection is y depending upon the in the Chief Information Office COMPLETED FORMS espond to a collection of	icer, U.S. Patent and TO THIS ADDRES	Trademark Offic S. SEND TO: Cor	e, U.S. Depar mmissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete trment of Commerce, P.O. or Patents, P.O. Box 1450, number.